## FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

	175	306	
,	OMB A	PPROVAL	
	OMB Number	3235-0076	
	Expires: Estimated avera	December 31, 1996 age burden	
	hours per respo	nse 16.00	

Prefix

CA

SEC USE ONLY

Serial

		UNI	FORM LIMITE	D OFFE	RING	EXEMP	TION	DATE RECEIVED
	f Offering (		nendment and name has	s changed, a	nd indicat	e change.)		
Filing U	Inder (Check box Filing:		Rule 504 Amendment	Rule	505 v	Rule 50	6 Se	ection 4(6) ULOÉ
			A. BASIC II	DENTIFICA	ATION D	ATA		7 2 2002
1. En	ter the information	on requested about the	ne issuer					( ( MA D . LOOP)
_	f Issuer ( cho sys Softwar		ndment and name has c	hanged, and	indicate c	hange.)		165/9
		*	treet, City State, Zip C Monica, CA 9040	•		1	ne Number (Ir 309-6710	cluding Area Code)
	of Principal Bus	- '	imber and Street, City	State, Zip Co	ode)	Telepho	ne Number (Ir	cluding Area Code)
	escription of Bus outer software					······································		PROCESSED
Type of	Business Organicorporation		tnership, already form	ed	othe	r (please spe	cify):	JUN 1 3 2002
	business trust	limited pa	tnership, to be formed		-	(F	,,,	THOMSON
			]	Month Y	ear			FINANCIAL
Actual	or Estimated Date	e of Incorporation or	Organization:	0 8 9	8	✔ Actual	Estimate	d
Inriedic	tion of Incornora	tion of Organization	: (Enter two-letter U.S.	Postal Serv	ice abbrev	viation for S	tate:	

## **GENERAL INSTRUCTIONS:**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - \$ Each promoter of the issuer, if the issuer has been organized within the past five years:
  - \$ Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - \$ Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - \$ Each general and managing partner of partnership issuers.

<u></u>	naging paraner o	r partnersing issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner 🗸	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Valentine, James					
Business or Residence Addres 4903 Edgemoor Lai		03, Bethesda, M	D 20814		
Check Box(es) that Apply:	Promoter	Beneficial Owner 🍕	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Williams, Thomas	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip (	Code)		1
2434 Main Street, 2					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r V Director	General and/or Managing Partner
full Name (Last name first, if Aicher. Michael A.					
Business or Residence Addres 2434 Main Street, 2					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r 🗸 Director	General and/or Managing Partner
full Name (Last name first, if	individual)				
Conrad, Andrew					
Business or Residence Addres 2434 Main Street, 2					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if Smith, Bradley	individual)				
Business or Residence Addres 2434 Main Street, 2					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip (	Code)	· · · · · · · · · · · · · · · · · · ·	
	,	, .	*		

B. INFO	RMATION	ABOUT (	FFERING	;								
								40				Yes No
1. Has	the issuer so	old, or does						_				🗹
					• • •			under ULO				
2. Wha	it is the mini	mum inves	tment that v	vill be accep	oted from a	ny individua	al?		• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	
3. Doe	a tha affanin	i• i-i		:6:1								Yes No
3. Due	s me onerm	g permit jo	ini ownersni	ip of a singi	e unit/			······································		•••••		
4. Ente	er the inform	ation reque	sted for eac	h person wi	no has been	or will be p	aid or give	n, directly o	r indirectly	, any		
Con	nmission or	similar rem	uneration fo	r solicitatio	n of purcha	sers in conr	nection with	sales of sec	curities in th	ne offering.		
	person to be			-	_		-					
	ates, list the							ed are assoc	iated perso	ns of such		27/4
	oker or deale			e informatio	on for that b	roker or de	aler only.					N/A
auli Nam	e (Last nam	e first, if in	dividual)									
Rusiness	or Residenc	e Address (	Number and	d Street Cit	v State 7i	n Code)						
Dasmess	or Residence	e riddress (	ivanioer and	a Sacci, Ch	.y, 5tate, 21	p code;						
Name of	Associated 1	Broker or D	Dealer								<del></del>	
States in	Which Perso	on Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers						
(Check	"All States"	or check in	dividual Sta	ites) A	Il States							
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ie (Last nam	e first, if in	dividual)									
Business	or Residenc	e Address (	Number and	d Street, Cit	ty, State, Zi	p Code)						
Name of	Associated	Broker or D	Dealer									
States in	Which Perso	on Listed H	as Solicited	or Intends	to Solicit P	urchasers (	Check "All	States" or c	heck indivi	dual States)	Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Narr	ne (Last nam	e first, if in	dividual)									
Business	or Residence	e Address (	(Number an	d Street, Ci	ty, State, Zi	p Code)						
Name of	Associated	Broker or D	Dealer									
States in	Which Pers	on Listed H	las Solicited	or Intends	to Solicit P	urchasers (	Check "All	States" or c	heck indivi	dual States)	Al	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt Convertible Notes	\$	\$
	Equity	\$	\$
	Common ✓ Preferred		
	Convertible Securities (including warrants)	<u>\$410,000</u>	<sub>\$</sub> 410,000
		\$	\$
	Other (Specify)	\$	\$
	Total	\$_410,000	<sub>\$</sub> _410,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	AggregateDollar Amount of Purchases
	Accredited Investors	_ 5	<u>\$410,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agents Fees		□ <b>\$</b>
	Printing and Engraving Costs		□ <b>\$</b>
	Legal Fees		
	Accounting Fees		□ \$
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		□ \$
	Other Expenses (identify) Finders fee		□ \$ <u>20,000</u>
	Total		

b. Enter the difference between the aggregate offering price 1 and the total expenses furnished in response to Part C - Quest gross proceeds to the issuer."	tion 4.a. This difference is the "adjusted			:	§ 353,000
Indicate below the amount of the adjusted gross proceeds to the each of the purposes shown. If the amount for any purpose is n the box to the left of the estimate. The total of the paymen proceeds to the issuer set forth in response to Part C - Question	ot known, furnish an estimate and check ts listed must equal the adjusted gross				
			Payments to Officers, Directors, & Affiliates		Payments toOthers
Salaries and fees (Dec. wages deferred until funding \$92,	000 w/ taxes)		<b>5</b>	. 🗆	\$
Purchase of real estate			S		S
Purchase, rental or leasing and installation of machinery a	and equipment		\$		<b>\$</b>
Construction or leasing of plant buildings and facilities			\$		\$
Acquisition of other businesses (including the value of se may be used in exchange for the assets or securities of an			ß		\$
Repayment of indebtedness			<u> </u>		\$
Working capital			§		<u>\$_353,000</u>
Other (specify):			§	. 0	\$
			ß	_ [	\$
Column Totals					
Total Payments Listed (column totals added)			<u>\$_3</u>	53,0	00
	DERAL SIGNATURE		\$ <u>3</u>	53,0	00
The issuer has duly caused this notice to be signed by the under ignature constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited investor.	e U.S Securities and Exchange Commis	ssior			
ssuer (Print or Type) Signature	NW. III.		Date:	1.	
ensys Software, Inc.	HMILL		5/15	10	2
Name of Signer (Print or Type) Title of Signer	(Print or Type)		7		
homas Williams President	r •		•		

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)